

APSW OPERATIONS/ADULT PROTECTION PROGRAM

4805-9250

PURPOSE: The Bureau of Elderly and Adult Services (BEAS) carries out the legal requirements of RSA 161-F: 42-57, the Protective Services to Adults Law under the Adult Protection Program. The purpose of the law, which is civil and not criminal, is to provide protection for vulnerable adults who are age 18 and older, who are abused, neglected (including self-neglect) or exploited.

The BEAS State Registry was established to maintain a record of information on each founded report of abuse, neglect, or exploitation, toward an individual 18 years old or over by a paid or volunteer caregiver, guardian, or agent acting under the authority of a power of attorney or a durable power of attorney.

CLIENT PROFILE:

Adult Protective Services (APS) serves adults (anyone over the age of 18) who are determined to be vulnerable by APS staff as defined in RSA 161-F:43, VII., which states:

...that the physical, mental, or emotional ability of a person is such that he or she is unable to manage personal, home, or financial affairs in his or her own best interest, or he or she is unable to act or unable to delegate responsibility to a responsible caretaker or caregiver.

APS staff use a standardized tool that assesses for vulnerability factors. The majority of older adults and adults with disabilities live independently without assistance, however, some face abuse, neglect or exploitation by others and need trained professionals to advocate on their behalf. Others may simply be struggling with routine activities and benefit from in-home support services to maintain their health and independence.

Any employer licensed, certified, or funded by DHHS providing services to vulnerable adults is required to check the BEAS State Registry before hiring an employee to ensure there is not a match. The employer shall not hire the prospective employee, consultant, and contractor or volunteer if listed on the registry unless the employer requests and obtains a waiver from the department to hire such person.

For 2022, The US Census Bureau age estimate for New Hampshire showed that 81.9% of New Hampshire's population was age 18 or over. According to the 2020 US Census, 19.3% of New Hampshire's population was age 65 or older. In 2020, New Hampshire had approximately 1,377,530 residents, with 509,527 (or 37%) living in rural areas. In 2019, NH's median age was 43 and 19% of the population (~248K people) were 65 or older, making it the third oldest state in the nation, after a 43% growth in older adults between 2008 and 2018.[1],[2] In 2016, NH's Office of Energy and Planning estimated that by 2040, 33% of residents will be 65 or older.

[1] US Census Bureau

[2] The 2019 Profile of Older Americans, Administration for Community Living.

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Rounded to \$000 except cost per case	SFY22	SFY23	SFY24	SFY25	SFY24	SFY25
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	\$6,208	\$6,845	\$7,274	\$7,442	\$7,232	\$7,398
GENERAL FUNDS	\$5,586	\$6,158	\$6,573	\$6,724	\$6,535	\$6,684
ANNUAL COST PER CASE-TOTAL	\$1,123	\$1,223	\$1,274	\$1,278	\$1,267	\$1,270
CASELOAD	5,526	5,598	5,710	5,824	5,710	5,824

*The caseload numbers above reflect the total unduplicated count of clients from APS Intakes, Reports and Cases received or open during SFY22.
 **The above caseload numbers also do not reflect the forms processed by the BEAS State Registry. BEAS State Registry processes an average of 76,540 forms a year.
 ***This accounting unit included 9 positions that were unfunded in the SFY23 Adjusted Authorized amount, and those positions are funded in SFY24/25.

FUNDING SOURCE: 10% Federal Medicaid Administration Funds and 90% General Funds.

Title/Description	Performance Measures		Current Baseline	FY 2024 GOAL	FY 2025 GOAL
	Output	Outcome			
Ensure services of vulnerable adults in need of protections because of abuse, neglect and exploitation.	Promote safety of vulnerable adults, identify unmet needs	Provide services and resources to decrease mistreatment of older adults	7,882	8,040	8,200

OUTCOME:

1. Promote the safety of vulnerable adults.
2. Identify and meet the needs of vulnerable adults.
3. Decrease the incidence of self-neglect and maltreatment by others.

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STATE MANDATES: RSA 161 F:42-57

FEDERAL MANDATES: Older Americans Act of 1965 (PL 89-73) as amended through PL 1146-14431, Enacted March 2020.

SERVICES PROVIDED: Adult Protective Investigations and Case Management.

SERVICE DELIVERY SYSTEM: APS Social Workers deliver services to clients from DHHS District Offices District Offices. APS Social Workers perform a wide range of complex professional interventions for vulnerable adults 18 years of age or older who are victims of abuse, neglect, and/or self-neglect. This includes, but is not limited to:

- Engaging adults in person-centered action plans;
- Delicately balancing self-determination with the need for protective services;
- Managing all aspects of adult guardianship;
- A wide range of crisis intervention strategies;
- Arranging for community services; and/or
- Intense social work case management for adults at risk for maltreatment.

APS Social Workers collaborate with many community agencies that may be able to provide necessary and essential services. The objective of APS is to keep vulnerable adults safe from harm and concurrently making every effort to keep individuals in the community or in the least restrictive environment.

ADM. ON AGING 4810-7872

PURPOSE:

To assist eligible adults ages 60 and older to maintain independent living in the community.

CLIENT PROFILE:

Clients served are adults ages 60 and older. The Administration for Community Living (ACL) mandates that services are provided to the most economically and socially at-risk individuals. There is not a defined income eligibility, but individuals must have a demonstrated need for a service. Contracted service providers complete a *BEAS 3502 Contract Service Authorization Form* for individuals that provides details regarding their needs. Some determinations are through an Adult Protective Services assessment of need. The majority of the services provided are non-medical, address specific aspects of individuals' functional needs, and are intended to assist someone to remain independent for as long as possible in their own home.

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The goal of the services provided is to prevent or delay decline that may precipitate more intensive services, either at home or in a facility. The Bureau of Elderly and Adult Services (BEAS) currently has 69 contracts with community-based providers to deliver services at individuals’ homes and in other community-based locations. Contractors also provide services to family caregivers to assist them to maintain and sustain caregiving for a family member at home.

FINANCIAL SUMMARY 4810-7872

FINANCIAL HISTORY						
Rounded to \$000 except cost per case	SFY22	SFY23	SFY24	SFY25	SFY24	SFY25
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	\$11,596	\$13,901	\$14,004	\$14,060	\$13,995	\$14,051
GENERAL FUNDS	\$6,946	\$5,743	\$5,642	\$5,668	\$5,638	\$5,664
ANNUAL COST PER CASE-TOTAL	\$477	\$455	\$449	\$442	\$449	\$442
CASELOAD	24,316	30,585	31,197	31,821	31,197	31,821

FUNDING SOURCE:

60% Federal Funds (Title III, NSIP) and 40% General Funds.

Title/Description	Performance Measures		Current Baseline	FY 2024 GOAL	FY 2025 GOAL
	Output	Outcome			
Administer, direct and monitor programs funded through Older Americans Act, Title XX, state general funds and other federal funds to ensure coordinated and consistent service delivery	BEAS develops contracts with service providers to deliver services to eligible individuals	Identified eligible individuals receive needed services	35,000	35,700	36,414

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OUTCOME:

1. NH's statewide community-based aging services and supports system will have the capacity and flexibility to meet the needs of individuals ages 60 and over.
2. Eligible individuals will receive needed services, enabling them to maintain living independently in the community.

STATE MANDATES:

RSA 161 F:42-57

FEDERAL MANDATES:

Older Americans Act of 1965 (PL 89-73) as amended through PL 1164-14431, Enacted March 2020.

SERVICES PROVIDED:

Depending on the individual's specific needs, as determined by an assessment, services may include, but are not limited to:

- Home-delivered and congregate meals;
- Transportation;
- Caregiver support;
- Medicare counseling;
- Home health services;
- Adult day services; and/or
- Senior Companion Program Services.

Services are provided to individuals living in the community who are the most economically and socially at-risk not already receiving the same or duplicate services from another program such as the Choices for Independence Program.

SERVICE DELIVERY SYSTEM:

DHHS contracts with a statewide network of aging services providers and vendors to deliver services. DHHS makes direct payments for services through contracts and with enrolled providers. Enrolled providers are authorized vendors to the State of New Hampshire that complete the Online Vendor Registration process.

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**SOCIAL SERVICES BLOCK GRANT (SSBG)
4810-9255**

PURPOSE:

To assist older adults, ages 60 and older and adults ages 18-59 with chronic illnesses and physical disabilities to maintain living independently in the community.

CLIENT PROFILE:

Clients served are adults ages 60 and older, and adults between the ages of 18-59 with chronic illnesses and physical disabilities who are not eligible for Medicaid. Individuals must meet income eligibility requirements and have a demonstrated need for a service. For Calendar year 2023, the monthly income limit is \$1512.80. This amount raised annually in January, is in accordance with the Social Security Cost of Living Adjustment. The majority of services are non-medical, address specific aspects of individuals’ functional needs, and considered preventative. Contracted providers deliver services in individuals’ homes and in community-based locations. The goal is to prevent or delay decline that may precipitate placement in a nursing facility.

FINANCIAL SUMMARY 4810-9255

<u>FINANCIAL HISTORY</u>						
Rounded to \$000 except cost per case	SFY22	SFY23	SFY24	SFY25	SFY24	SFY25
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	\$7,498	\$9,119	\$9,134	\$9,134	\$9,134	\$9,134
GENERAL FUNDS	\$3,924	\$4,118	\$3,652	\$3,652	\$3,652	\$3,652
ANNUAL COST PER CASE-TOTAL	\$1,381	\$1,516	\$1,489	\$1,459	\$1,489	\$1,459
CASELOAD	5,429	6,016	6,136	6,259	6,136	6,259

OUTCOME:

1. Eligible individuals will receive needed services, supporting them to maintain independent community living.
2. NH’s statewide community-based aging services and supports system will have the capacity and flexibility to meet the needs of individuals ages 60 and over and adults with chronic illnesses and physical disabilities ages 18-59.

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FUNDING SOURCE:

60% Federal Funds (SSBG) and 40% General Funds.

STATE MANDATES:

NH RSA 161:2 XII

FEDERAL MANDATES:

- Social Services Block Grant (Title XX of the Social Security Act)
- ACL (Title III)

SERVICES PROVIDED:

Depending on the individual's specific needs, as determined by an assessment, services may include, but are not limited to:

- Home-delivered meals;
- Home health services; and
- Adult day services.

Contracted providers deliver services to individuals living in the community who are the most economically and socially at-risk not already receiving the same or duplicate services from another program such as the Choices for Independence Waiver.

SERVICE DELIVERY SYSTEM:

A statewide network of contracted providers delivers services to clients.

**AGING AND DISABILITY RESOURCE CENTER/SERVICELINK
4810-9565**

PURPOSE:

To connect people of all ages, disabilities and income levels to information, assistance, or care they need. ServiceLink helps individuals access, make connections to long-term services, and support (LTSS) options, access family caregiver information and supports, explore options, understand, and access Medicare and Medicaid. ServiceLink is the primary partner in the State's No Wrong Door System of Access for LTSS (NHCarePath) and is designated as New Hampshire's Aging and Disability Resource Center (ADRC) to ensure timely and accurate guidance, support, and choice to individuals looking for information for themselves or their family member.

CLIENT PROFILE:

Individuals who access ServiceLink are those who want to learn about and access information, assistance, or care they or a friend/family member may need. Clients include people of all ages, income levels and abilities who need information regarding options and access to services.

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ServiceLink is one of the formal entry points in the State’s LTSS system, used by individuals and families who need information regarding their LTSS options. ServiceLink aims to provide information so individuals and families can make informed decisions about their options.

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Rounded to \$000 except cost per case	SFY22	SFY23	SFY24	SFY25	SFY24	SFY25
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	\$2,956	\$3,555	\$3,553	\$3,553	\$3,553	\$3,553
GENERAL FUNDS	\$927	\$1,624	\$1,636	\$1,636	\$1,636	\$1,636
ANNUAL COST PER CASE-TOTAL	\$43	\$50	\$49	\$48	\$49	\$48
CASELOAD	69,154	70,537	71,947	73,386	71,947	73,386

FUNDING SOURCE:

54% Federal Funds (Title III E, Medicaid Admin, MIPPA, SHIP, SMP, SSBG) and 46% General Funds.

Title/Description	Performance Measures		Current Baseline	FY 2024 GOAL	FY 2025 GOAL
	Output	Outcome			
No Wrong Door/ServiceLink - Provide outreach and public education to promote awareness of community based long-term supports and services (LTSS).	Website, Toll free number, social media, Contract and formal referral partnerships with community-based agencies	Increased awareness, hits on websites and social media to ensure individuals and key referral partner agencies know how to access No Wrong Door (NWD) services, increased formal linkages	10,000 website visits per month, 5,000 calls per month, 1 per day Facebook postings, 27 contracted and enrolled core partners	10,000 website visits per month, 5,000 calls per month, 1 per day Facebook postings, 27 contracted and enrolled core partners	10,500 Website visits/Mo., 5,202 calls/ Mo., 1 per day Facebook postings, 35 contracted and enrolled core partners

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OUTCOME:

1. Individuals utilizing ServiceLink will be satisfied with services and find that ServiceLink is a highly visible, trusted, and accessible place, and that staff were responsive to their needs, preferences and unique circumstances.
2. Increased provision of outreach and education to promote awareness of community-based long-term supports and services.
3. Ensuring a trained and skilled workforce to provide Person-Centered Options Counseling as part of the State’s No Wrong Door System, NHCarePath.

STATE MANDATES:

- RSA 151-E: 5 & 9

FEDERAL MANDATES:

Older Americans Act of 1965 (PL 89-73) as amended through PL 116-14431, Enacted March 2020.

Older Americans Act (OAA) (42U.S.C. 3011), as amended by the Supporting Older Americans Act of 2020, P.L. 116-131, Enacted March 2020. Title II Section 202(b) of the OAA specifically authorizes the Assistant Secretary for Aging to work with the Administrator of the Centers for Medicare & Medicaid Services to: “...implement in all states Aging and Disability Resource Centers.”

SERVICES PROVIDED:

ServiceLink is New Hampshire’s designated ADRC and the primary NHCarePath Partner providing access and connections for individuals of all ages, income levels and abilities and administers programs and services such as:

- Information, Referral and Awareness;
- Person-Centered Options Counseling;
- New Hampshire Family Caregiver Support Program;
- State Health Insurance Assistance Program (SHIP);
- Senior Medicare Patrol (SMP); and
- Veteran Directed Care (VD-Care) Program, through Agreements with the local Veterans Affairs office.

SERVICE DELIVERY SYSTEM:

Seven (7) contracted providers deliver ServiceLink services at thirteen (13) sites statewide. Individuals access ServiceLink through the toll-free number, onsite direct face-to-face interactions, or virtual assistance at any of the 13 locally based resource centers statewide or through appointments at home or an alternative location. ServiceLink staff respond to referrals via email, website inquiries, provider referrals, fax, and through face-to-face contact with individuals while providing outreach and education at locally based community settings.

**WAIVER/NF PMTS-COUNTY PARTICIPATION
4820 - 2152**

PURPOSE:

Nursing Facility (NF) and Choices for Independence (CFI) provides direct services to individuals eligible for Medicaid and who meet the clinical and financial eligibility standards defined in RSA 151-E for nursing facility and home and community-based long-term care. Services are provided either through the CFI 1915 (c) Home and Community-Based Services waiver program or in a nursing facility.

CLIENT PROFILE:

Choices for Independence: CFI services are home and community-based services under a 1915 (c) Home and Community Based Services waiver through the Center for Medicare & Medicaid Services (CMS). Services are provided in private homes and residential care facilities to individuals who are age 18 and older and who meet the clinical and financial eligibility guidelines in RSA 151-E:3. All CFI participants are clinically eligible for nursing facility level of care, but desire service within the community.

Nursing Facility (NF): NF residents receive nursing care in a residential setting that promotes rehabilitation and enhanced support in activities of daily living. Nursing provides care 24 hours per day. Nursing facility care is the most intensive level of service provided outside of a hospital. Admissions to a nursing facility can be temporary for those who require short-term rehabilitation or a brief recuperative period after an extended hospitalization. The structure and support offered within a nursing facility supports individuals to maximize their level of independence and affords some residents the opportunity to return home. Residents for whom a return to the community is not possible due to the complexity of their care needs receive care to maximize their functional capabilities.

FINANCIAL SUMMARY 4820-2152

FINANCIAL HISTORY						
Rounded to \$000 except cost per case	SFY22	SFY23	SFY24	SFY25	SFY24	SFY25
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget
TOTAL FUNDS	\$319,771	\$305,806	\$370,290	\$406,804	\$326,438	\$342,174
GENERAL FUNDS	\$24,192	\$25,977	\$55,666	\$71,326	\$30,977	\$30,977
ANNUAL COST PER CASE-TOTAL						
Nursing Homes	\$66,885	\$55,457	\$62,215	\$65,847	\$53,694	\$54,509
Choices for Independence	\$22,553	\$19,964	\$27,485	\$30,819	\$22,267	\$23,581
CASELOAD						
Nursing Homes	3,495	4,100	4,182	4,266	4,351	4,438
Choices for Independence	3,806	3,921	3,999	4,079	4,161	4,244

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The Agency Request includes a prioritized need in SFY 24 of \$49,402,431 (\$24,688,872 general funds and \$24,713,559 federal funds) and in SFY 25 of \$80,739,155 (\$40,349,404 general funds and \$40,389,751 federal funds)

*FY 2022 Nursing Facility number is based on the annual average reported on the DHHS dashboard.

FUNDING SOURCE:

50% Federal Medicaid Funds; 40% County Funds and 10% General Funds.

Title/Description	Performance Measures		Current Baseline	FY 2024 GOAL	FY 2025 GOAL
	Output	Outcome			
Manage a 1915(c) HCBS Waiver, to ensure that NH residents have an option to live in their communities rather than living in an institutional setting.	Oversight of assurances outlined in CFI HCBS Waiver	CFI Waiver is maintained and available to NH residents as an alternative to institutional settings	4,952	5,185	5,429

OUTCOME:

CFI Services:

- Provide the necessary supports to enable an individual to remain at home for as long as they are able and safe.
- Each participant will have a person-centered plan that identifies the services and supports they need to support them to remain safely in the community.

Nursing Facility:

- Provide care that meets the needs of the individuals requiring 24/7 care in a safe and supportive environment.

PRIORITIZED NEED:

- DHHS does not have a wait list for those requesting services under the CFI Waiver. Additional funds are required to meet increased caseload needs and access to services.

STATE MANDATES:

Nursing Facility & Choices for Independence:

- RSA 151-E
- He-E 805
- He-E 801
- He-E 802

FEDERAL MANDATES:

- Title XIX of the Social Security Act.
- 42 CFR 440 provides the regulatory authority pertaining to nursing facility care, a mandatory Medicaid service.
- 42 CFR 441.301 provides the regulatory authority for the Choices for Independence 1915 (c) waiver program, an optional program, and is re-authorized by the Centers for Medicare and Medicaid Services (CMS) every five years.

SERVICE DELIVERY SYSTEM:

All nursing facility and CFI services are provided by agencies, facilities and organizations that are providers enrolled in the New Hampshire Medicaid Program and delivered through a fee-for-service delivery system.

NURSING SERVICES
4820 - 2154

PURPOSE:

To provide nursing home care to 1) children who receive care at Cedarcrest, the only Intermediate Care Facility for the Intellectually Disabled (ICF-ID) in New Hampshire and 2) adults under age 65 who are disabled and are enrolled in Medicaid under the Aid to the Need Blind (ANB) category and 3) Adults who require a Skilled Nursing Facility (SNF) stay.

CLIENT PROFILE:

1. Nursing facility services are provided to children under age 18 years with severe disabilities at Cedarcrest, which has a capacity of 24 children. Nursing facility services are also provided to individuals who are age 18 and older and who meet the clinical and financial eligibility guidelines in RSA 151-E:3.
2. Adults who are eligible for Medicaid under the ANB eligibility category, they must be found eligible for Medicaid under the ANB category and then meet the long-term care clinical eligibility criteria as defined in RSA 151.

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3. Adults who require a Skilled Nursing Facility (SNF), SNF Swing Bed, which are a Medicaid State Plan services are also included in this profile.

FINANCIAL SUMMARY 4820-2154

Rounded to \$000 except cost per case	SFY22	SFY23	SFY24	SFY25	SFY24	SFY25
	Actual	Adj Auth	Agency Request	Agency Request	Governor's Budget	Governor's Budget
TOTAL FUNDS	\$6,707	\$7,997	\$7,084	\$7,084	\$6,883	\$6,883
GENERAL FUNDS	\$3,189	\$3,995	\$3,740	\$3,740	\$3,640	\$3,640
ANNUAL COST PER CASE-TOTAL						
SNF (Cost per bed day)	\$12,233	\$15,938	\$13,236	\$13,236	\$12,838	\$12,838
Cedarcrest/ANB	\$172,839	\$145,622	\$130,783	\$130,783	\$127,215	\$127,215
CASELOAD						
SNF (Avg daily rate)	\$208.90	\$208.90	\$208.90	\$208.90	\$208.90	\$208.90
Cedarcrest/ANB	24	32	33	33	33	33

The Agency Request includes a prioritized need in SFY 24 and 25 of \$201,077 (\$100,439 general funds and \$100,638 federal funds).

*SNF – Average daily rate is the average of the daily rate for 78 skilled nursing facilities, each with its own rate.

FUNDING SOURCE:

50% Federal Medicaid Funds and 50% General Funds.

STATE MANDATES:

- RSA 151-E
- He-E 802

FEDERAL MANDATES:

- Title XIX of the Social Security Act.
- 42 CFR 440 provides the regulatory authority pertaining to nursing facility care, a mandatory Medicaid service.

SERVICE DELIVERY SYSTEM:

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All services are provided by licensed nursing facilities that are approved providers enrolled in the New Hampshire Medicaid Program and delivered through a fee-for-service delivery system.

OUTCOME:

Provide care that meets the needs of the individuals requiring 24/7 care in a safe and supportive environment.

**MEDICAID QUALITY IMPROVEMENT PROGRAM (MQIP) PAYMENTS
4820 - 2157**

PURPOSE:

MQIP provides quarterly supplemental rates to nursing facilities for each paid Medicaid bed day at their facility in the prior quarter. This is done through a three-step process as follows:

1. Every licensed nursing home pays a Nursing Facility Quality Assessment (NFQA) tax of 5.5% of net patient services revenue to the New Hampshire Department of Revenue, each quarter.
2. The aggregate funds are then transferred to the Department of Health and Human Services (DHHS), which is then matched with Federal Medicaid funds.
3. Nursing facilities that accept Medicaid reimbursement are then paid an MQIP payment. These supplemental Medicaid payments are based on the paid Medicaid bed days at each facility and are adjusted to fill shortfalls in initial rates due to the application of a budget adjustment factor.

CLIENT PROFILE:

Clients are those served in licensed nursing facilities.

FINANCIAL SUMMARY 4820-2157

<u>FINANCIAL HISTORY</u>						
Rounded to \$000 except cost per case	SFY22	SFY23	SFY24	SFY25	SFY24	SFY25
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	\$83,622	\$82,896	\$85,882	\$85,121	\$85,882	\$85,121
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0

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FUNDING SOURCE:

50% Federal Medicaid Funds; 50% Other Funds - Nursing Facility Quality Assessment.

OUTCOME:

New Hampshire's Nursing Facilities will have rates that meet the needs of the clients served, through a variety of funding mechanisms.

STATE MANDATES:

- RSA 84-C
- RSA 151-E

FEDERAL MANDATES:

N/A

SERVICES PROVIDED:

MQIP is one of the funding streams that supports the nursing facilities that serve Medicaid Clients.

SERVICE SYSTEM:

Statewide network of licensed nursing facilities, both county and private. Some facilities are non-profit corporations, other are for profit.

PROSHARE PAYMENTS

4820 - 2161

PURPOSE:

The Proportionate Share Payments (ProShare) are supplemental payments that assist with the provision of Nursing Facility Services.

ProShare is annual Medicaid supplemental payments made to each county nursing facility. New Hampshire receives Federal Medicaid funds based upon the following:

- 1) The difference between Medicaid payments for nursing home care provided by county facilities and what the payment would have been if the care for those residents from Medicare; or
- 2) The difference between Medicaid costs and Medicaid payments made to the county nursing facility. The federal share, which is half of the total, is divided among the counties.

CLIENT PROFILE:

Clients are those served in licensed county nursing facilities.

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FINANCIAL SUMMARY 4820-2161

<u>FINANCIAL HISTORY</u>						
Rounded to \$000 except cost per case	SFY22	SFY23	SFY24	SFY25	SFY24	SFY25
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	\$42,414	\$71,103	\$62,017	\$62,017	\$62,017	\$62,017
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0

OUTCOME:

New Hampshire’s County Nursing Facilities will have rates that meet the needs of the clients served, through a variety of funding mechanisms.

FUNDING SOURCE:

100% Federal Medicaid Funds

STATE MANDATES:

RSA 167:18-h

FEDERAL MANDATES:

N/A

SERVICES PROVIDED:

ProShare is a funding stream that enables county nursing facilities to meet the needs of the Medicaid Clients.

SERVICE SYSTEM:

County Nursing Facilities.

CFI WAIVER PROGRAM ELIGIBILITY

4820 - 2164

PURPOSE: This unit determines the medical eligibility for the Choices for Independence (CFI) Home and Community Based Services and Nursing Facilities.

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CLIENT PROFILE:

Those individuals who meet the financial eligibility for Medicaid and meet the nursing facility level of care to receive services in the community through the CFI Waiver or in a Nursing Facility.

FINANCIAL SUMMARY:

<u>FINANCIAL HISTORY</u>						
Rounded to \$000 except cost per case	SFY22	SFY23	SFY24	SFY25	SFY24	SFY25
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	\$1,977	\$2,068	\$2,197	\$2,412	\$2,191	\$2,405
GENERAL FUNDS	\$611	\$636	\$747	\$810	\$744	\$807

FUNDING SOURCE:

66% Federal Medicaid Administration Funds and 34% General Funds.

OUTCOME:

Medical Eligibility for CFI and Nursing Facility services are timely and in accordance with the He-E 801 and He-E 802.

STATE MANDATES:

- RSA 151-E
- He-E 805
- He-E 801
- He-E 802

FEDERAL MANDATES:

- Title XIX of the Social Security Act.
- 42 CFR 440 provides the regulatory authority pertaining to nursing facility care, a mandatory Medicaid service.
- 42 CFR 441.301 provides the regulatory authority for the Choices for Independence 1915 (c) waiver program, an optional program, and is reauthorized by the Centers for Medicare and Medicaid Services (CMS) every five years.

SERVICE DELIVERY SYSTEM:

All nursing facility and CFI services are provided by agencies, facilities and organizations that are approved providers enrolled in the New Hampshire Medicaid Program and delivered through a fee-for-service delivery system.

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**DEVELOPMENTAL SERVICES WAIVER
9300-7100**

PURPOSE:

This is the Bureau of Developmental Services’ (BDS) account that contains funds for the 1915 (c) Home and Community-Based Care Waiver for Individuals with Developmental Disabilities. This account supports the services provided to individuals served on the developmental disability waiver and is used to reimburse Agencies/Medicaid enrolled providers of Developmental Services through the BDS.

CLIENT PROFILE:

Individuals who have a developmental disability in accordance with RSA 171-A, meet New Hampshire Medicaid financial eligibility, and meet the level of care for an Intermediate Care Facility for the Intellectually Disabled (ICF/ID).

FINANCIAL SUMMARY:

Rounded to \$000 except cost per case	SFY22	SFY23	SFY24	SFY25	SFY24	SFY25
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	\$332,101	\$347,773	\$498,722	\$592,213	\$414,901	\$417,182
GENERAL FUNDS	\$151,426	\$175,100	\$250,537	\$294,259	\$208,648	\$209,781
ANNUAL COST PER CASE-TOTAL	\$70,826	\$71,090	\$99,268	\$114,681	\$82,584	\$80,787
CASELOAD	4,689	4,892	5,024	5,164	5,024	5,164

The Agency Request includes a prioritized need in SFY 24 of \$98,828,328 (\$49,389,470 general funds and \$49,438,858 federal funds) and in SFY 25 of \$217,632,802 (\$108,762,020 general funds and \$108,870,782 federal funds). The prioritized need includes an estimate of the potential increase in rates due to the BDS System Transformation that is currently in process. There are still a number of unknown variables at this stage of budget development.

This budget takes into account the base client budget for those with existing services in SFY 22 and the continuation of services for those who received Wait List dollars in SFY 22. The cost per person takes into account all that are served with developmental services funding- from respite, an environmental modification, day services, and full day and residential.

FUNDING SOURCE:

50% Federal Medicaid Funds and 50% General Funds.

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OUTCOME:

1. Provision of community-based, family and person-centered, services.
2. Services are provided timely and meet the individualized support needs to each person, based on their person-centered plan.
3. Quality services, based on individual and family choice, and outcomes that support the greatest independence for the individual served.

STATE MANDATES:

- RSA 171-A
- He-M 503
- He-M 507
- He-M 518
- He-M 1001
- He-M 525
- He-M 521

FEDERAL MANDATES:

- 42 CFR 441.301
- Olmstead Decision

SERVICES PROVIDED:

New Hampshire's Developmental Services' Home and Community Based Services Waiver (HCBS) provides long term supports and services for approximately 5,500 individuals statewide who have a developmental disability, qualify for the developmental services system as outlined in RSA 171:A:2: *Services for the Developmentally Disabled*, and He-M 503: *Eligibility and the Process of Providing Services*. Waiver participants have also been determined eligible for New Hampshire Medicaid and meet the relevant institutional Level of Care, specifically, ICF/ID. This waiver emphasizes choice, control, and individual and family involvement in Service Planning, Provider Selection, and Service Delivery. The developmental services system, through the HCBS waiver seeks to maximize each individual's participation in and contribution to their community by offering a broad array of services and supports intended to improve and maintain opportunities and experiences in living, socializing and recreating, personal growth, safety and health.

Residential Services: For those who require 24-hour support, which typically involve, supervision, and assistance with eating, bathing, dressing, personal hygiene, activities of daily living, or other activities essential to their health and welfare. This level of service is provided to individuals with medical, behavioral, and/or psychiatric needs and without such supports, the individual's safety would be at risk. Individuals who receive Residential Services often also receive Day Services as an integral part of their overall supports and supervision.

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Day Services: Typically provided in the community, provide direct assistance and instruction to learn, improve, or maintain safety skills, basic living skills, personal decision-making, and social skills. Day Services are essential to allowing the individual’s care-giving family to maintain employment.

Other Services: The Developmental Services waiver offers several support services such as Community Support Services for those individuals who are building independent living skills, Environmental or Vehicle Modifications, Service Coordination, Supported Employment, Assistive Technology, Crisis Response Services, Non-Medical Transportation, Personal Emergency Response Services, Wellness Coaching, Individual Goods and Services, Specialty Services, Community Integration Services and Respite.

SERVICE DELIVERY SYSTEM:

As outlined in RSA 171-A, BDS contracts with ten private, non-profit Area Agencies to administer comprehensive services in communities in partnership with community-based providers. In addition, agencies/Medicaid enrolled providers are responsible to provide a comprehensive array of services for the diagnosis, evaluation, habilitation and rehabilitation of people with developmental disabilities, including but not limited to, service coordination, community living arrangements, employment and day services and family support.

**CHILDRENS IHS WAIVER
9300-7110**

PURPOSE:

This is the BDS’ account that contains funds for the In-Home Supports (IHS) Medicaid 1915 (c) Home and Community-Based Services Waiver for Children with Developmental Disabilities. Reimbursement is provided for supports and services that promote increased independence and skill development for a child, adolescent, or young adult who; has a developmental disability, is age twenty-one and under, and lives at home with their family.

CLIENT PROFILE:

Children with developmental disabilities who are eligible under NH Medicaid, RSA 171:A, He-M 503, and He-M 524 and meet the ICF/ID (Intermediate Care Facility for the Intellectually Disabled) Level of Care.

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FINANCIAL SUMMARY:

Rounded to \$000 except cost per case	SFY22	SFY23	SFY24	SFY25	SFY24	SFY25
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	\$5,025	\$8,933	\$9,210	\$9,210	\$8,933	\$8,933
GENERAL FUNDS	\$2,404	\$4,464	\$4,603	\$4,603	\$4,464	\$4,464
ANNUAL COST PER CASE-TOTAL	\$11,020	\$17,795	\$17,918	\$17,476	\$17,379	\$16,951
CASELOAD	456	502	514	527	514	527

The Agency Request includes a prioritized need in SFY 24 and 25 of \$276,915 (\$138,389 general funds and \$138,526 federal funds).

FUNDING SOURCE:

50% Federal Medicaid Funds and 50% General Funds.

OUTCOME:

1. Timely access quality services that meet the individualized needs of the child and family.
2. Reduction and prevention of costlier nursing and out of home services.

STATE MANDATES:

RSA 171-A
He-M 503
He-M 524

FEDERAL MANDATES:

42 CFR 441.301

SERVICES PROVIDED:

The IHS Waiver provides personal care and other services to children through age 21 who have significant developmental, medical and behavioral challenges and live at home with their families. These children require long-term supports and services and qualify by virtue of eligibility under RSA 171-A, He-M 503, He-M 524, NH Medicaid, and are deemed eligible for institutional level of care (ICF/ID). Services and supports allow the child to remain at home with their family. Participating families must be interested in and able to play an active role in managing and directing waiver supports utilizing the Participant Directed and Managed Services (PDMS) method of delivery. The overarching goal of the IHS Waiver is to support the child to remain home with their family while utilizing lower cost, non-nursing supports.

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SERVICE DELIVERY SYSTEM:

The IHS Waiver is implemented through the Area Agencies as outlined in RSA 171-A. BDS contracts with ten private, non-profit Area Agencies that ensure a comprehensive array of services are provided.

**FAMILY SUPPORT SERVICES
9300-7013**

PURPOSE:

To provide supports and services to care-giving families with an individual member who has a developmental disability, acquired brain disorder, or is eligible for family-centered early supports and services.

CLIENT PROFILE:

Families serving as the primary caregiver for individuals with developmental disabilities and acquired brain disorders.

FINANCIAL SUMMARY 9300-7013

Rounded to \$000 except cost per case	SFY22	SFY23	SFY24	SFY25	SFY24	SFY25
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	\$4,463	\$4,521	\$4,467	\$4,467	\$4,467	\$4,467
GENERAL FUNDS	\$4,463	\$4,521	\$4,467	\$4,467	\$4,467	\$4,467
ANNUAL COST PER CASE-TOTAL	\$735	\$726	\$681	\$648	\$681	\$648
CASELOAD	6,071	6,229	6,555	6,891	6,555	6,891

FUNDING SOURCE:

100% General Funds

OUTCOME:

Family Support funding has a direct impact on the ability of families to care for their children and adult children through the provision of flexible funding which can mitigate potential crises and delay the need for costlier waiver services.

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STATE MANDATES:

- RSA 171-A
- RSA 126-G
- He-M 503
- He-M 510
- He-M 519
- He-M 522

FEDERAL MANDATES:

N/A

SERVICES PROVIDED:

Family Support is the provision of low cost, low frequency services, such as information and referral; individual and family centered assistance to access community resources & supports; crisis intervention; non-Medicaid respite; environmental (home or vehicle) modifications; educational materials, and outreach services. Family Support is cost effective in enabling children and adults with disabilities to continue to live with their families, reducing, postponing, or eliminating the need for more costly, long-term services. These services are those not covered by Medicaid and are effective in assisting parents and other family members to remain the primary caregivers for an individual with developmental disabilities or acquired brain disorders.

SERVICE DELIVERY SYSTEM:

Family Support Services are organized and implemented through the Area Agency system. Each of the ten Area Agencies is required to have a Family Support Council to advise the Area Agency and contribute to the development of the area plan. A State Family Support Council, with members from each of the regional councils, advises the Bureau of Developmental Services and the Bureau for Family Centered Services regarding supports to families.

**ACQUIRED BRAIN DISORDER (ABD) WAIVER
9300-7016**

PURPOSE:

This is the Bureau of Developmental Services (BDS)' account containing funds for its Medicaid Home and Community Based Care Waiver for Individuals with Acquired Brain Disorders (ABD) and is used to reimburse the Area Agencies/Medicaid enrolled providers of Developmental Services through BDS.

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CLIENT PROFILE:

Individuals with an acquired brain disorder sustained after the age of 22 who are financially and medically eligible for New Hampshire Medicaid, RSA 137-K: 3 *Brain and Spinal Cord Injuries*, He-M 522 *Eligibility Determination and Service Planning for Individuals with an Acquired Brain Disorder* and meet the Skilled Nursing Facility Level of Care.

FINANCIAL SUMMARY:

Rounded to \$000 except cost per case	SFY22	SFY23	SFY24	SFY25	SFY24	SFY25
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	\$27,937	\$27,719	\$44,931	\$60,313	\$38,752	\$53,672
GENERAL FUNDS	\$13,086	\$14,291	\$22,891	\$30,578	\$19,716	\$27,171
ANNUAL COST PER CASE-TOTAL	\$114,967	\$94,928	\$151,283	\$199,712	\$130,478	\$177,722
CASELOAD	243	292	297	302	297	302

The Agency Request includes a prioritized need in SFY 24 of \$6,003,379 (\$3,000,190 general funds and \$3,003,189 federal funds) and in SFY 25 of \$6,465,849 (\$3,231,309 general funds and \$3,234,540 federal funds).

FUNDING SOURCE:

50% Federal Medicaid Funds and 50% General Funds.

STATE MANDATES:

- RSA 137-K:3
- He-M 522

FEDERAL MANDATES:

- 42 CFR 441.301
- Olmstead Decision

SERVICES PROVIDED:

The ABD Waiver serves those individuals who qualify under RSA 137-K and He-M 522, are Medicaid eligible, and require the level of care provided in a Skilled Nursing Facility. The waiver provides supports and services for the health, safety, and welfare of eligible individuals.

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Residential Services: For those who require 24-hour support, which typically involve, supervision, and assistance with eating, bathing, dressing, personal hygiene, activities of daily living, or other activities essential to their health and welfare. This level of service is provided to individuals with medical, behavioral, and/or psychiatric needs and without such supports the individual's safety would be at risk. Individuals who receive Residential Services often also receive Day Services as an integral part of their overall supports and supervision.

Day Services: Typically provided in the community, provide direct assistance and instruction to learn, improve, or maintain safety skills, basic living skills, personal decision-making, and social skills. Day Services are essential to allowing the individual's care-giving family to maintain employment.

Other Services: The ABD waiver offers several support services such as Community Support Services for those individuals who are building independent living skills, Environmental or Vehicle Modifications, which allow individuals to remain in their home and community, Service Coordination, Individual Goods and Services, Specialty Services, Community Integration Services, Supported Employment, Assistive Technology and Respite.

SERVICE DELIVERY SYSTEM:

BDS contracts with ten private, non-profit Area Agencies to administer comprehensive services in communities in partnership with community-based partners. In addition, agencies/Medicaid enrolled providers are responsible to provide a comprehensive array of services for those with acquired brain disorders and their families.

OUTCOME:

1. Provision of community-based, family and person-centered, services.
2. Services are provided timely and meet the individualized support needs to each person, based on their person-centered plan.
3. Quality services, based on individual and family choice, and outcomes that support the greatest independence for the individual served.

**PROGRAM SUPPORT BDS
9300-5947**

PURPOSE:

This unit, the Bureau of Developmental Services (BDS) is responsible for the statewide coordination of services for children and adults and their families who experience developmental disabilities, acquired brain disorders, and early childhood developmental concerns. BDS coordinates and oversees a comprehensive community-based system carried out by State Designated, Regional Area Agencies as outlined in RSA-171-A. Bureau

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of Developmental Services Liaisons work with Area Agencies to ensure that individuals are eligible and have timely access to services through the NH provider network of enrolled Medicaid providers.

CLIENT PROFILE:

BDS oversees the community-based long-term supports and services system for children and adults with developmental disabilities, acquired brain disorders, and children with chronic health conditions.

Through the 1915 (c) Home and Community-Based Services (HCBS) Waiver, BDS through the statewide service delivery system serves:

- Approximately 4,649 individuals with developmental disabilities
- Approximately 261 individuals with acquired brain disorders; and
- Approximately 440 children with and families with in-home supports.

Bureau for Family Centered Services (BFCS) oversees, in collaboration with BDS, the statewide Family-Centered Early Supports and Services (FCESS) early intervention program, carried out under Part C of the federal Individuals with Disabilities Education Act (IDEA). This program, statewide serves approximately 5,151 children from birth to their 3rd birthday each year.

FINANCIAL SUMMARY:

<u>FINANCIAL HISTORY</u>						
Rounded to \$000 except cost per case	SFY22	SFY23	SFY24	SFY25	SFY24	SFY25
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	\$2,669	\$3,405	\$4,935	\$5,048	\$4,862	\$4,975
GENERAL FUNDS	\$1,685	\$2,033	\$3,574	\$3,647	\$3,741	\$3,815

FUNDING SOURCE:

23% Federal Medicaid Administration Funds, 72% General Funds, and 5% Complaint Investigation Agency Income.

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Title/Description	Performance Measures		Current Baseline	FY 2024 GOAL	FY 2025 GOAL
	Output	Outcome			
Provide services to those NH residents that have been deemed 171-A eligible and manage three HCBS Waivers: Developmental Disabilities, In Home Support, and Acquired Brain Disorders to ensure that NH residents have an option to live in their communities rather than living in an institutional setting.	Oversight of assurances outlined in three HCBS waivers	Waivers are maintained and available to NH residents as an alternative to institutional settings	6,773	6,994	7,187

OUTCOME:

1. Ensure that individuals have access to timely services based on their individualized needs that are available in their homes and communities, as an alternative to high cost, institutional settings.
2. Develop a service delivery system to which people have equal access statewide and the opportunity to develop services based on their individualized needs.
3. Support the provider network to ensure that rates are appropriate, services are cost effective, and providers are paid.
4. Work in partnership with the Area Agencies to deliver services to eligible individuals, regionally.

STATE MANDATES:

RSA 171-A RSA 171-B RSA 126-G RSA 132
 RSA 135-C RSA 137-K:3 RSA 186-C
 He-M 503 He-M 507 He-M 510 He-M 513
 He-M 518 He-M 519 He-M 521 He-M 522
 He-M 524 He-M 525 He-M 250 He-M 1001
 He-M 1301

FEDERAL MANDATES:

- 42 CFR 441.301
- Part C of the Individuals with Disabilities Education Act (IDEA)
- Olmstead Decision

SERVICES PROVIDED:

The Bureau of Developmental Services (BDS) leads three of NH's Developmental Services' 1915 (c) Home and Community-Based Services (HCBS) waivers that provide long term supports and services for approximately 5,350 individuals statewide who have a developmental disability or acquired brain disorder, as previously described in the specific accounting units above. BDS works with its community partners and with other programs within DHHS to ensure the services provided are integrated and provide whole person and whole family care.

SERVICE DELIVERY SYSTEM:

BDS contracts with 10 regional Area Agencies and providers as part of a comprehensive service delivery system for children, adults and their families who have developmental disabilities, acquired brain disorders, and/or special medical conditions. The Area Agencies/enrolled providers work with BDS to carry out and monitor services for individuals with disabilities and acquired brain disorders and their families.

EARLY INTERVENTION

9305-3677

PURPOSE:

To support the implementation of federally mandated Part C of Public Law (108-446 Individuals with Disabilities Education Improvement Act (IDEIA) of 2004, 20 U.S.C. 1400).

CLIENT PROFILE:

Family Centered Early Supports and Services (FCESS) is New Hampshire's early intervention program, carried out under Part C of the Federal Individuals with Disabilities Education Act (IDEA). FCESS serves children with a wide range of delays and disabilities including children with severe disabilities and degenerative conditions. Services are provided to infants and toddlers, birth through 2 years, with or at risk for developmental delay, experiencing delays of 33% or more in one or more areas of development, exhibiting atypical behavior(s), or who have an established condition.

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FINANCIAL SUMMARY 9305-3677

FINANCIAL HISTORY						
Rounded to \$000 except cost per case	SFY22	SFY23	SFY24	SFY25	SFY24	SFY25
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	\$8,226	\$11,052	\$11,306	\$11,306	\$11,053	\$11,053
GENERAL FUNDS	\$5,356	\$6,973	\$7,099	\$7,099	\$6,973	\$6,973
ANNUAL COST PER CASE-TOTAL	\$1,597	\$2,146	\$2,131	\$2,069	\$2,084	\$2,023
CASELOAD	5,151	5,151	5,305	5,465	5,305	5,465

The Agency Request includes a prioritized need in SFY 24 and 25 of \$252,823 (\$126,349 general funds and \$126,474 federal funds).

OUTCOME:

Children who receive early supports and services are less likely to need additional supports in pre-school, elementary or secondary educational or social supports and are less likely to require long term supports and services at higher overall costs. Through this program, some children achieve parity with their same age peers, for others, skill acquisition is slower, and due to the nature of their disability, some children do not achieve parity, but the expected outcome is that children experience their own individual optimal development.

New Hampshire reports on several performance measures for the FCESS program including:

Early Childhood Outcomes are measured by comparing a child’s development when entering the program with their development when exiting the program. The intent is to measure the effectiveness of FCESS and in SFY 2022 (July 1, 2021 - June 30, 2022):

- 62% of children improved positive social emotional skills including early relationships.
- 64% improved their acquisition and use of knowledge and skills including communication, language and early literacy
- 69% improved use of appropriate behaviors to meet their needs.

Family Outcomes are measured by families rating of their experience with FCESS in three areas. Of the 1,050 surveys sent out in 2022, 461 were returned for a rate of 44%.

- 85% of respondents expressed an increased knowledge of their rights
- 89% of respondents felt they had learned to communicate their children’s needs to family, friends, pediatricians and others
- 84% of respondents felt FCESS had helped their child grow and learn.

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FUNDING SOURCE:

37% Federal Medicaid Funds and 63% General Funds.

STATE MANDATES:

RSA 171-A:18

He-M 510

He-M 203

FEDERAL MANDATES:

Part C of the IDEA

SERVICES PROVIDED:

Services are provided in the child's home or other natural learning environment and include identification, assessment, evaluation, therapeutic intervention services, and on-going treatment, which typically include, speech, occupational, physical therapy, special instruction as well as developmental education. Using a coaching model, professionals provide education and support to parents and caregivers to maximize their family's ability to enhance their child's development as well as understand and care for the child's developmental, functional, and behavioral needs. Part C Grant Funds are also used to fund specific service arrays for children who have complex needs. Approximately 5,151 children and their families are served each year through the statewide FCESS programs.

SERVICE DELIVERY SYSTEM:

FCESS are organized and implemented through the Area Agency system. FCESS must be provided in natural environments as part of a comprehensive array of supports and services for eligible children.

INFANT – TODDLER PROGRAM PT-C

9305-3674

PURPOSE:

To support the implementation of federally mandated Part C of Public Law (108-446 Individuals with Disabilities Education Improvement Act (IDEA) of 2004, 20 U.S.C. 1400).

CLIENT PROFILE:

Family-Centered Early Supports and Services (FCESS) is New Hampshire's early intervention program, carried out under Part C of the federal Individuals with Disabilities Education Act (IDEA). FCESS serves children with a wide range of delays and disabilities including children with severe disabilities and degenerative conditions. Services are provided to infants and toddlers, birth until their third birthday, with or at risk for

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developmental delay, experiencing delays of 33% or more in one or more areas of development, be exhibiting atypical behavior(s), or have an established condition.

FINANCIAL SUMMARY:

FINANCIAL HISTORY						
Rounded to \$000 except cost per case	SFY22	SFY23	SFY24	SFY25	SFY24	SFY25
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	\$2,139	\$2,541	\$2,562	\$2,569	\$2,561	\$2,568
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0
ANNUAL COST PER CASE-TOTAL	\$415	\$493	\$483	\$470	\$483	\$470
CASELOAD	5,151	5,151	5,305	5,465	5,305	5,465

FUNDING SOURCE:

100% Federal Part C Funds. There are no General Funds in this account.

Title/Description	Performance Measures		Current Baseline	FY 2024 GOAL	FY 2025 GOAL
	Output	Outcome			
Family Centered Early Supports and Services (FCESS) - Ensure the delivery of family centered early intervention services for children with or at risk of developmental delay under the age of 3 years.	Planning, development, oversight and monitoring of statewide contracted early intervention services	Children with developmental delay are identified early and connected to services that mediate concerns and/ or insure optimal development as demonstrated by the number of children connected to FCESS	5,151	5,305	5,465

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STATE MANDATES:

- RSA 171-A:18
- He-M 510
- He-M 203

FEDERAL MANDATES:

- Part C of the Individuals with Disabilities Education Act (IDEA)

SERVICES PROVIDED:

Services include identification, assessment, evaluation, special instruction, therapeutic services, and on-going treatment, typically, speech, occupational, physical therapy as well developmental education to maximize the family's ability to understand and care for the child's developmental, functional, and behavioral needs. Part C Grant Funds are also used to fund specific high need service arrays for children. Approximately 5,151 children and their families are served each year through the statewide FCESS programs.

SERVICE DELIVERY SYSTEM:

Family Centered Early Supports and Services are organized and implemented through the Area Agency system. FCESS must be provided in natural environments as part of a comprehensive array of supports and services for eligible children.

OUTCOME:

Children who receive early supports and services are less likely to need pre-school, elementary or secondary educational or social supports and are less likely to require long-term supports and services at higher overall costs. Through this program, some children achieve parity with their same age peers, for others, skill acquisition is slower, and due to the nature of their disability, some children do not achieve parity, but the expected outcome is that children experience their own individual optimal development.

New Hampshire reports on several performance measures for the FCESS program including:

Early Childhood Outcomes are measured by comparing a child's development when entering the program with their development when exiting the program. The intent is to measure the effectiveness of FCESS and in SFY 2022 (July 1, 2021 - June 30, 2022):

- 62% of children improved positive social emotional skills including early relationships.
- 64% improved their acquisition and use of knowledge and skills including communication, language and early literacy
- 69% improved use of appropriate behaviors to meet their needs.

Family Outcomes are measured by families rating of their experience with FCESS in three areas. Of the 1,050 surveys sent out in 2022, 461 were returned for a rate of 44%.

- 85% of respondents expressed an increased knowledge of their rights

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- 89% of respondents felt they had learned to communicate their children’s needs to family, friends, pediatricians and others
- 84% of respondents felt FCESS had helped their child grow and learn.

**SPECIAL MEDICAL SERVICES
9305-3676**

PURPOSE:

To identify and integrate supports that assist families, providers, and communities to meet the unique challenges of Children with Special Health Care Needs (CSHCN).

CLIENT PROFILE:

CSHCN are children, from birth through age 20, who have or are at risk for chronic physical, developmental, behavioral, or emotional conditions and who also require health and related services of a type or amount beyond that required by children generally. According to the National Survey of Children’s Health (NSCH), 2020-2021, the prevalence of children birth through 17 years in the United States with Special Health Care Needs is 19.5%, which translates to 14.2 million children nationally. In NH, the prevalence of CSHCN is higher than the national average at 24.2% or 61,380 (a slight increase of .5% from 2018/19) children (NSCH 2018/19).

FINANCIAL SUMMARY:

**Reflects clinic and care coordination services. Not including those benefiting from infrastructure development activities

Rounded to \$000 except cost per case	SFY22	SFY23	SFY24	SFY25	SFY24	SFY25
	Actual	Adj Auth	Agency Request	Agency Request	Governor Budget	Governor Budget
TOTAL FUNDS	\$3,105	\$3,405	\$3,512	\$3,551	\$3,500	\$3,540
GENERAL FUNDS	\$2,324	\$2,543	\$2,562	\$2,589	\$2,554	\$2,581
ANNUAL COST PER CASE-TOTAL	\$1,163	\$1,275	\$1,277	\$1,255	\$1,273	\$1,251
CASELOAD	2,670	2,670	2,750	2,830	2,750	2,830

FUNDING SOURCE:

25% Federal Funds from the Maternal Child Health Block Grant and Federal Medicaid Administration Funds and 75% General Funds.

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Title/Description	Performance Measures		Current Baseline	FY 2024 GOAL	FY 2025 GOAL
	Output	Outcome			
Ensure that the provision of child development assessment; complex care, consultation; nutrition, feeding and swallowing consultation; information & referral and health care coordination are available to any family with a child who has special health care needs.	Service providers conduct assessments, clinic & home visits, consultations and family support to ensure services are coordinated and available to children with special health care needs.	Children with special health care needs and their families have access to specialty and supportive services to address their unique needs	2,670	2,750	2,830
Ensure that the provision of child development, complex care, nutrition, feeding and swallowing clinics as well as	Encounters: Specialty Clinic Visits/ Clinical Community Consultations and Health Care Coordination	Gaps in services and unmet healthcare needs will be met for children and youth with chronic health conditions as reflected by Families' satisfaction with the quality of services (biannual survey)	89%	89%	92%

OUTCOME:

1. CSHCN will have access to adequate healthcare and the unique specialty services that improve and maintain their health and wellness.
2. NH will continue to demonstrate leadership in assuring a comprehensive system of care as measured by the Maternal and Child Health Title V Block Grant Core Outcomes.

STATE MANDATES:

RSA 132
He-M 520
He-M 523

FEDERAL MANDATES:

Social Security Act of 1935, Title V

SERVICES PROVIDED:

Special Medical Services (SMS) for CSHCN includes statewide leadership to build and promote a community-based system of services that is comprehensive, coordinated, family centered and culturally competent by providing New Hampshire families with health information and support services. These services also assist families to obtain specialty health care services for their eligible children with physical disabilities, chronic illness, and/or other special health care needs through the following services:

- Multidisciplinary Clinics - Child Development Assessments and Complex Care Consultation
- Health Care Coordination for children with special health care needs
- Nurse Consultation to support families with CSHCN and community-based agencies serving them
- Home and Community Based Nutrition, Feeding & Swallowing consultation
- Psychiatry consultation for CSHCN
- Funding for unpaid health care costs to eligible low-income families with CSHCN
- Support for parents as caregivers via Family-to-Family Health Information Center
- Infrastructure development promoting transition from pediatric to adult health care
- Infrastructure and coordination for Watch Me Grow, the state's developmental screening, referral, assessment, and services system

SERVICE DELIVERY SYSTEM:

Services are provided by both state staff and contracted agencies. State staff includes Nurse Consultants and Health Care Coordinators (some who have direct client caseloads), a nurse supervisor/manager, a Systems of Care Specialist and a Data Analyst. Contracted agencies assure specialty clinics/consultation services and infrastructure development of the system of care for CSHCN. Contracted specialty care clinicians/entities meet the service needs through specialty clinics for assessment and ongoing consultation; information and referral; outreach; specialty consultation; care coordination; family support & education and financial assistance for eligible individuals.